

# COVID-19 SCHOOL ATTENDANCE QUICK REFERENCE

Close Contact	Symptoms	Test status*	GUIDANCE
YES	YES	POSITIVE**	10 days isolation + 24 hours fever free without without fever-reducing medication and symptoms improved. <u>Quarantine</u> siblings, household members and close contacts
YES	YES	NEGATIVE*	<u>Quarantine</u> from last date of exposure to + person AND 24 hours fever free with symptoms improved. If new symptoms, need reevaluation. Consider quarantine for siblings and household members if there is suspicion for COVID-19.
YES	YES	PENDING	Isolate at home until results back AND <u>Quarantine</u> from last date of exposure to + person.^ Consider quarantine for siblings and household members if there is suspicion for COVID-19.
YES	YES	NOT TESTING†	<u>Quarantine</u> from last date of exposure to + person or isolate for 10 days until fever free with symptoms improved, whichever is longer.
YES	YES	ALT DX w/note***	<u>Quarantine</u> from last date of exposure to + person^^ AND 24 hours fever free with symptoms improved AND any additional criteria by health care provider.
YES	NO	POSITIVE**	10 days isolation from date test was collected + 24 hours fever free without fever-reducing medication and symptoms improved. <u>Quarantine</u> siblings, household members and close contacts.
YES	NO	NEGATIVE*	<u>Quarantine</u> from last date of exposure to + person^^
YES	NO	PENDING	<u>Quarantine</u> from last date of exposure to + person^^
YES	NO	NOT TESTING†	<u>Quarantine</u> from last date of exposure to + person^^
NO	NO	PENDING	No exclusion unless test becomes positive
NO	NO	NEGATIVE	No exclusion
NO	NO	POSITIVE**	10 days isolation from date test was collected + 24 hours fever free without fever-reducing medication and symptoms improved. <u>Quarantine</u> siblings, household members and close contacts.
NO	YES	ALT DX w/note***	May return after 24 hours fever free and symptoms improved AND any additional criteria by health care provider in note.
NO	YES	NOT TESTING†	10 days isolation + 24 hours fever free without meds and symptoms improved.
NO	YES	PENDING	Isolate at home until results back Once have results, refer to appropriate guidance.
NO	YES	NEGATIVE*	May return after 24 hours fever free and symptoms improved AND any additional criteria by health care provider. <b><u>Provide test results before entry to school</u></b>
NO	YES	POSITIVE	10 days isolation + 24 hours fever free without meds and symptoms improved. <u>Quarantine</u> siblings, household members and close contacts.

\*Test status: documentation of negative test results must be provided before entry to school.

\*\*People with positive test results will be contacted by the state Department of Health and contact tracing will be done.

\*\*\* If an alternate diagnosis has been determined by a health care provider, a note that includes the date and contact information for the provider must be provided before entry to school.

^^Start date of quarantine is determined by last date of exposure to a positive or untested person. For families who are not able to isolate from everyone else at home, this may be after the ill person completes their 10 days of isolation.

†For persons opting to not get tested, they will be treated the same as the scenario for a person who has tested positive. Do not need to quarantine if tested positive in the last 90 days unless new symptoms appear.